

PRINT CLAIM(S):

09/26/4547

192

INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
First	Original	First	Original	First	Original
13	11	31	21	72	14
12	2	21	2	12	2
00	88	00	00	12	2
14	07	14	07	12	2
1		1		12	
2		2		12	
3		3		12	
4		4		12	
5		5		12	
6		6		12	
7		7		12	
8		8		12	
9		9		12	
0		10		12	
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2		12		12	
3		13		12	
4		14		12	
5		15		12	
6		16		12	
7		17		12	
8		18		12	
9		19		12	
0		20		12	
1		21		12	
2		22		12	
3		23		12	
4		24		12	
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9		29		12	
0		30		12	
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8		58		12	
9		59		12	
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1		61		12	
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9		69		12	
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2		112		12	
3		113		12	
4		114		12	
5		115		12	
6		116		12	
7		117		12	
8		118		12	
9		119		12	
0		120		12	

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	9-22-69
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DD	71098	3/29

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	✓
11	
12	
13	
14	
15	
16	
17	
18	
19	✓
20	0
21	✓
22	1
23	1
24	1
25	1
26	1
27	1
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	1
42	
43	0
44	0
45	0
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
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49	
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Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

If more than 150 claims or 10 actions
staple additional sheet here